

**Health Benefit Exchange
Plan Management Workgroup**

July 3, 2012

**Sample Enrollment and Billing Questions for Discussion with Issuers
Enrollment Questions**

July 12

1. Will the carriers accept a standardized format for sending their disenrollment file or will the Exchange need to have the capability to receive and process multiple formats?
2. How do carriers receive 820 and 834 files today? (The ACA directs electronic transfer of data, which will begin in mid to late 2013.) Do carriers now use a standard electronic format? If not, what are the different ways a carrier accepts payment and enrollment files?
3. Do carriers envision a separate 834/820 file for individual and small group plans?
4. If necessary, would you be willing to share your 834/820 file layouts? (The Exchange will need to develop a standard format and would like to make it as simple as possible for carriers.)

July 19

Enrollment Questions

Walk through month-by-month timeline

1. What is the last day of the month a carrier will accept an enrollment?
2. Do carriers currently allow any grace period for non-payment for the small group or individual plans?
3. How will mid-month terminations, retro-active additions, and retro-active cancelations work?
4. What will the process be if the Exchange determines post enrollment that information provided by an individual is fraudulent or incorrect?
5. Assuming that the Exchange is handling the billing, when will the billings go out?
6. Will the Exchange accept pre-payment for multiple months? If yes, how will that be handled with the QHPs?
7. When will the Exchange determine that an individual/family is delinquent (how many days past the premium due date)? What will the process be regarding notification to individual/family and the QHP? For non-subsidy eligible individuals, when will you cancel them and report them as cancelled to the QHP? How will the process work for subsidy eligible individuals? Delinquency Pursuit?
8. How will the Exchange handle someone requesting to change from smoker status to non-smoker status?

July 26**Billing Questions**

1. Will there be the same billing cycle for individual and SHOP exchanges?
2. Does the concept of an “initial estimated quote” exist for small group plans today? What effects will changes in a small group’s composition of plans have for the employer’s quote and do carriers/producers provide updated quotes when the composition of the small group changes?
3. Do carriers currently re-generate an updated employer invoice in the case where an employee leaves the employer before the effective coverage date, and before payment is due for the coverage period (i.e. employer has not yet made a payment)?
4. Do carriers currently give a credit to an employer in the case where an employee leaves the employer before the effective coverage date, but after payment is due for the coverage period (i.e. employer has made a payment)?
5. Do carriers currently provide any prorated credit for a small group employee who disenrolls in the middle of a month that has been paid for?
6. Is there any other case for which an employer will be credited / refunded for mistaken enrollment of an employee (either duplication or mistaken enrollment of any kind)?

August 2**Payment Questions**

1. Do carriers currently accept partial payment for a small group plan? If yes, how is that premium allocated for the members of the small group, e.g. \$1000 payment for 10 employees; employer only pays \$900 for one month? How is the premium distributed per employee?
2. Do carriers currently allow any tolerance in the payment received (payments within a threshold is considered full payment) for individual or small group plans?
3. What types of letters or notifications go out for late or non-payment?
4. Is enrollment canceled for non-payment? If enrollment is canceled, what are the rules around reinstatement?
5. What kinds of payment are supported? EFT, \$\$, check, credit card, PayPal, etc.
6. Do carriers charge late fees?

August 9**Special Enrollment**